

**North Carolina Department of Health and Human Services  
Division of Public Health**

**Section/Branch:** CDI/Cancer Prevention and Control Branch

**RFA Questions and Answers**

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RFA # A-280, RFA Title: To Provide Breast and Cervical Cancer Screening Services to Eligible Women through the NC Breast and Cervical Cancer Control Program (NCBCCCCP), and/or Cardiovascular Disease Screening Services through the WISEWOMAN Project  
Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): April 5, 2013

Questions Received Until (date): April 12, 2013

Summary of Questions and Answers Release Date: April 17, 2013

**Questions and Answers** *(list all questions and answers in numerical order)*

1. Question: Since the first year of the contract will begin on 9/1/2013, do we need to suspend services from 5/31/13 – 8/31/13?

Answer: If you do not have additional resources which allow you to pay for the screenings you provide during the three month hiatus between contracts, you will need to suspend screening services. In addition, any women you screened during this time period will not be eligible for BCCP Medicaid if they are diagnosed with cancer. If a woman comes in to your agency, and is symptomatic, please refer her to the nearest local health department that provides NC BCCCCP services. She will then be potentially eligible for BCCP Medicaid as long as the local health department has diagnosed her with cancer.

2. Question: Is there a specific format for the cover letter?

Answer: There is no specific format. Just include the information listed on page 35 of RFA A-280.

3. Question: Do I need to put the DUNS # on my narrative if I have it on my face sheet?

Answer: No. If it is listed on the face sheet, there is no need to include it elsewhere.

4. Question: Is there any advantage to include your capacity to serve special populations in your RFA proposal?

Answer: Yes. It is advantageous for you to include your capacity to reach special populations in your RFA proposal. CDC requires special emphasis to be placed on screening women of African-American, Latino/Hispanic, and Native American uninsured and underinsured women.

5. Question: Is there a maximum funding amount you will award?

Answer: No, the amount of funding you will be awarded is based on availability of funding and your screening capacity.

6. Question: Based on recent expansion into other counties and/or increased screening capacity, could a current contractor submit a proposed budget that includes more funding than is currently received?

Answer: Yes. It would be good to indicate the areas you are currently serving and ones that you are planning to serve. This can play a factor in the amount of funding you can be awarded, especially if you are planning to serve areas without a breast and cervical or cardiovascular screening provider.

7. Question: Is contract funding for carrying out program activities in addition to the funding allocation for patient services? Can it be used as a direct service salary?

Answer: Yes, the total funding allocated in a contract is for all program activities, including patient services. Contractors may use up to 10% of their total contract funding for indirect services such as medical supplies, office supplies, and salary and fringe reimbursement for your data entry person. 90% is for direct services, which includes all screening services in addition to salary and fringes for those actually completing the screenings.

8. Question: Do we need to submit the forms beginning, on page 44, along with our RFA proposal?

Answer: The documents, located in the appendices, are provided as a reference only. Applicants are not to complete nor submit these documents with their RFA proposal.